SDMY PRO SE OF ICE

UNITED STATES DISTRICT COUNTY -8 AND 18 18 SOUTHERN DISTRICT OF NEW YORK

DORA BROWN	_
Write the full name of each plaintiff.	(Include case number if one has been assigned)
-against-	COMPLAINT
WORDPRESSION	Do you want a jury trial?
BLUE HOST	_
TWITTER	
Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

contained in Section II.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
Federal Question
Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
FRAUD
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, DORA DROWW, is a citizen of the State of (Plaintiff's name)
NEW YORK
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is	an individual:
The defendant,	, is a citizen of the State of (Defendant's name)
	(Detendant's name)
or, if not lawfully subject of the fore	admitted for permanent residence in the United States, a citizen or eign state of
If the defendant is	
The defendant,	AUTOMATTIC , is incorporated under the laws of
the State of	CALIFORNIA
and has its princi	ipal place of business in the State of CALIFORNIA
or is incorporated	d under the laws of (foreign state)
and has its princi	ipal place of business in
If more than one d	lefendant is named in the complaint, attach additional pages providing ch additional defendant.
II. PARTIES	
A. Plaintiff Info	ormation
Provide the follow pages if needed.	ing information for each plaintiff named in the complaint. Attach additional
DORA	I BROWN
First Name	Middle Initial Last Name
Street Address	28 GREET #236
Man Y	ORIE NEW YORK 10016
County, City	State Zip Code
646)629	8002 de rabrown 520 Banail. 6M Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	N.	UTO MATTIC IM	<i>U</i>
	First Name	Last Name	
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	6	60 29 8 mil # 343	3
		ress (or other address where de	
	Son France		ALLAD
	County, City	State	Zip Code
Defendant 2:	Worza	ofress an	
	First Name	Last Name	
	Sw	temo Sprang	
	Current Job Title (or other identifying information)	
		Study #343	
	Current Work Add	ress (or other address where de	fendant may be served)
	San France	are Calyonin	44 NO
	County, City	State	Zip Code
Defendant 3:	BLUE		
	First Name	last Name	_
	Endur	arras Intendend	Group
Current Job Title (or other identifying information)			
	10 Corpu	rates Drive	
	Current Work Add	iress (or other address where de	fendant may be served)
	Burlington	Ma	01803
	County, City	State	Zip Code

	$\overline{}$			
Defendant 4:		NITER	<u> </u>	_
	First Name	Last Name		
	Current Job Title (c	or other identifying informa	tion)	_
	249 Wes	* 17 A Street		
	Current Work Add	ress (or other address wher	e defendant may be served)	-
	New York	New	Jahr 10011	
	County, City	State	Zip Code	
III, STATEME	NT OF CLAIM			
Place(s) of occurr	rence: Resin	DENCE 14 FA	\$ 289 #236 NY	10016
Date(s) of occurr	ence: MARCHA 2	2019 earther So	=PT. 2018	_
FACTS:				
	at each defendant p	· ·	what happened, how you were lo that harmed you. Attach	
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INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Since the only half rooms I have are gothman while the constant this had me using or Nothings machine and Savendonio a constant that ships are appreciated and makes one by hell necessite the user of NAPROXEN both medications presented by my PCP.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

My WORSGITE PENTO purchy and the subdomain plus
liverspurfdway trump book been compromed so med extensive
repair since the is my magnes opus my lycis with, my mislipule
went the court to order thank to pay as much as is allowable
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V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayme	ent of fees, each plaintiff	f must also submit a	n IFP application.
1/8/2019		Was	(
Dated		Plaintiff\s Signat	ure
DORK	<u> </u>	BROWN	
First Name	Middle Initial	Last Name	
14 Frs 28	GIVEET #	236	
Street Address		V (
NEW YORK	Ne	N YORK	10016
County, City	Sta	ite (Zip Code
(646) 629-8	3002	or brown a	amail 6m
Telephone Number		Email Address (i	f available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes

No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.